

# EXHIBIT A

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY**

**UNITED STATES OF AMERICA,**

**LOUIS ANTHONY MANNA,**

**Defendant.**

**Case No.: 88-CR-239**

**AFFIDAVIT**

**AFFIDAVIT OF DR. MCGEE**

STATE OF NEW JERSEY )

COUNTY OF HUDSON )

The undersigned affiant, John McGee, M.D. being first duly sworn, hereby Deposes and says:

1. I, Dr. McGee am currently a physician board certified in Internal Medicine and have been since December of 1992. As such, I currently am licensed and practice in New Jersey at Physician Wellness Consultants at 700 Avenue C Bayonne, NJ 07002.
2. I have reviewed medical records of Mr. Louis Manna on September 10, 2020, and they have revealed a plethora of medical problems the likes of which I have seldom encountered in my 30 years of medical practice. My review of his records showed an exemplary amount of detail particularly from Dr. Nassaralla. However, the recommendations based on the assessment were severely lacking. I will outline below several of the many areas which require expedited management. These areas suggest that a woeful lack of care has been provided to Mr. Manna and in the majority of these problems urgent intervention is required:

**1) Uncontrolled Hypertension and extreme risk for stroke:**

- a. **Data:** within the past year, Mr. Manna's Blood pressure (BP) was found to be in excess of 200/100 on many occasions. After the addition of lisinopril 10 mg per day by mouth, his blood pressure has almost shockingly normalized on such a small dose of lisinopril. This is noted because, I have never seen such a response to a single anti-hypertensive in my 30 year career and the fact that there are many readings interspersed with these that remain at the remarkable elevations in excess of 200/100.
- b. **Intervention:** 24 hour blood pressure monitoring device for a minimum of 24 hours to yield an objective measure and exclude observer bias as well to ascertain if there is a high degree of variability in his diurnal rhythms putting him at much higher risk of stroke.

**2) Dysphagia:**

- a. **Data:** Mr. Manna complains of significant dysphagia which has prevented him from gaining and sustaining weight in excess of his current 143lbs. He attributes this in part to an upper swallowing issue that results from the sense of food getting stuck and an element of regurgitation. Secondly, he experiences a sense of early satiety when the bolus of food has passed the upper area of the esophagus. This latter symptom is likely related to the polypoid mass discovered at the Ampulla of Vater found between 3-4 years ago on EGD. A decision to not operate on this lesion at that time based on his age was made. The wisdom of this decision at that time is uncertain.

At a minimum, EGD should be performed. Mr. Manna will also benefit from an in-depth nutritional evaluation not only because of the anatomical derangement in his upper and lower gastrointestinal tract but also because of the numerous vitamin deficiencies noted in his blood work.

**3) Covid19 Risk:**

- a. Data: Mr. Manna's risk for acquiring and suffering dire consequences from Covid19 infection are extraordinarily high. His age and plethora of medical problems which will be delineated here put him at much greater risk than the fifty or sixty patients I have managed over the past six months with Covid19 infection. Specifically, his risk of death and massive suffering from Covid19 infection are extraordinary.

The fact that thirteen inmates of the population at his current facility are infected with Covid19 puts him at very high risk for Covid19 infection. In fact, his risk of acquiring this almost certainly life-threatening illness is at least ten times greater than if he were permitted to live outside of prison.

As stated, the risk factors that put him at extraordinary risk for Covid19 infection are as follows:

1. Advanced age
2. Cardiac Disease
3. Pre-diabetes
4. Probable Parkinson's Disease
5. History of colon cancer and prostate cancer
6. Hypertension
7. History of MRSA sepsis
8. Vitamin D deficiency

b. Intervention : Having managed many corrections officers infected with Covid19 during this pandemic and the severe intensity of their particular illnesses, I have come to understand that the intensity of Covid19 infection in the prison system is uniquely more devastating than outside of the prison environment. This coupled with the high number of inmates harboring infection at his facility and his extraordinary number of risk factors for Covid19 infection, make his residence in this or almost any prison facility extremely dangerous. Immediate release is indicated on this basis alone.

**4) Colitis**

- a. Data: Mr. Manna has struggled with bowel and bladder problems since his multiple cancer surgeries in the mid 1990's. These consequences of these surgeries not only have caused vitamin deficiencies but have put him at increased risk for infection and other consequences related to malnourishment. The hygiene issues related to these two forms of incontinence have also increased his risk for the recurrent cellulitis that he has experienced for years.

**b. Intervention:**

- 1) Nutritional evaluation to address the contribution of his right colectomy to his [REDACTED] [REDACTED].
- 2) Much more aggressive medical management of his bowel function; [REDACTED]
- 3) A specific plan to manage the hygiene and infection risk inherent to the consequences [REDACTED] bladder incontinence in this immunocompromised host.

**5) Recurrent MRSA cellulitis with high risk of MRSA sepsis:**

knowledge. Given his numerous skin problems and unaddressed hygiene issues his risk of a fatal episode of MRSA is quite high. Given all of his medical issues, it is surprising that he hasn't perished from MRSA sepsis to date.

**b. Intervention:** Multi-modality treatment involving aggressive skin rehabilitation as follows:

1. A comprehensive nutritional evaluation with detailed micro-nutrient and vitamin analysis;
2. An all-encompassing dietary plan;
3. An aggressive dermatological strategy to deal with his lower extremity malady which predisposes him to recurrent infection and his hands which are not only vulnerable to MRSA infection but also are potential sources to spread infection; and
4. Specific recommendation for topical antibiotic therapy to prevent further MRSA infection.

**6) Untreated Parkinson's Disease:**

- a. **Data:** Immediate neurology evaluation to confirm this diagnosis as it intercalates with each problem listed above and amplifies the risk in each case.
- b. **Intervention:** Immediate medication and physical therapy intervention for this malady.

3. That it is of my professional opinion that Mr. Manna requires an extensive medical intervention that touches on almost every organ system. The exact reason for this accumulation of this plethora of remediable yet potentially lethal medical problems remains uncertain. Beginning with an endoscopy -- which has been denied in the past because of age is now compelling and essential, the following listed in the above paragraphs, have a sense of urgency at this time:

- A. A 24-hour BP monitor and possibly a 72 hour monitor to give objective data in this patient with labile severe HTN;
- B. Aggressive medical management of BP;
- C. Upper endoscopy (EGD);
- D. Endoscopic ultrasound to re-evaluate mass in Ampulla of Vater;
- E. Removal from Covid19 infected facility;
- F. Compete nutritional and dietary evaluation to address numerous gastrointestinal functional maladies and multiple vitamin deficiencies;
- G. Colonoscopy;
- H. Aggressive medical management of [REDACTED] incontinence;

J. Hygiene plan focused on complications on bowel and bladder incontinence because of numerous skin problems and history of recurrent MRSA cellulitis;

K. Aggressive dermatology evaluation. And treatment for severe abnormalities of upper and lower extremities and risk for MRSA sepsis;

L. Topical antibiotic treatment for prevention of recurrent cellulitis of legs and multiple episodes of MRSA skin infections and other consequences;

M. Neurological evaluation to confirm and. Commence treatment for Parkinson's disease;

N. Medical treatment of Parkinson's disease; and

O. Physical rehabilitation to stabilize gait and commence fall prevention

4. To reiterate what was stated in point 3) above, Mr. Manna is a 90 year old man with extreme risk of death from Covid19, housed in a facility with an alarmingly high number of Covid19 infected inmates. It is fairly obvious that he should be released from this environment immediately.

5. I will certainly take on the responsibility of treating physician if and when he is released. I will arrange and expedite the plan outlined above as soon as this is settled.

On the 23rd day of September in the year 2020 before me, the undersigned, personally appeared Dr. Zohar McGee, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

*Notary Public*  
Notary Public

Printed Name: Anibal R Prado

My Commission Expires: Aug 22, 2022

ANIBAL R PRADO  
Notary Public - State of New Jersey  
My Commission Expires Aug 22, 2022